

Homeless Patients: Designing a Database for Nursing Documentation

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ABSTRACT

Care of the homeless in small out-patient clinic settings presents unique challenges in health care documentation. The transitory and infrequent episodic nature of client contact, as well as the inherent inefficiencies of the traditional paper chart, tend to minimize the collection of useful data for analyzing trends and patterns to identify and meet evolving health care needs.

INTRODUCTION

Meeting the health care needs of the growing homeless population is providing nursing with unique data collection and documentation challenges. These challenges are unique because of the typical transitory nature of the episodic encounters with homeless clients. This limited contact decreases accessibility to historical and current data and impedes the health care provider's ability to do more than meet immediate health care needs[1].

Further difficulties arise because of inherent inefficiencies in traditional paper systems of documentation. Manual documentation is labor intensive, results in decreased productivity, and often impedes the capture, storage and retrieval of information [2].

The lack of instant, or on-line, accessibility to patient information can create uncertainties in caring for any patient. This lack of available data seems especially prevalent with the homeless. Multiple psychosocial, as well as pathophysiologic problems are frequent findings [3].

Recognition of these problems has led to development of a nursing documentation database that can be used in nursing-focused clinics that provide care to homeless populations. Client data from these sites can be collected, merged, and analyzed to identify population patterns. Identification of these patterns provides the opportunity to develop nursing interventions that could focus on health promoting, in addition to episodic, patient care.

PROJECT METHODOLOGY

The patient record was developed under a Microsoft Windows® environment using Microsoft Access®, a relational database program. The relational structure was required because of the many-to-many or complex data relationships [4]. Access was used

because of its intuitive interface, query language, ease of modification, stand-alone capability, and convenience.

The record began as computerization of existing documentation. However, it was quickly recognized that an exact paper to computer conversion was inappropriate. The system was redesigned based on a nursing model developed to address the health needs of homeless families [5]. This structure provided a more comprehensive interface that could focus on current and future health care needs.

Development was done by prototyping with multiple iterations based on user feedback [6]. This method involved the users and provided them with ownership and vested interest in the success of the system. In addition, real time usage increased the system's functionality.

The system currently provides a mechanism for rapid, but thorough documentation. Data entry can be initiated by the client and completed by the nurse.

Current efforts are underway to implement the system at other nursing-based homeless shelters. It is believed that this dissemination could result in a larger data source for analysis of health care trends in homeless populations.

References

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